SUPERIOR COURT OF CALIFORNIA COUNTY OF IMPERIAL JUVENILE DIVISION CERTIFICATION OF COMPETENCY

I,	(name)			
(office addre	ss) (tel	ephone number), am	an attorney at law	licensed to practice in
the State of California. My State Bar Number is I hereby certify that I me				
the minimun	n standards for practice bet	fore a Juvenile Court	set forth in Califor	nia Rules of Court,
rule 1438, an	nd Local Rule VIII, and tha	nt I have completed th	ne minimum requir	ements for training,
education and	d/or experience as set fortl	n below.		
Training and	Education: (Attach copie	s of MCLE certificat	es or other docume	entation of
attendance.)				
COURSE TITLE DA		COMPLETED	<u>HOURS</u>	PROVIDER
Juvenile Dep	pendency Experience:			
CASE NO.	NUMBER OF CON- DATE OF LAST CASE NO. TESTED HEARINGS APPEARANCE		PARTY REPRESENTED	
DATED:		<u> </u>		
		Signa	ure	